<u>Instructions on how to fill out an EFT form.</u>

			Do NOT Complete
SECTION I (DEPARTMENT USE) - PAYOR, STATE INFO	PRMATION		DLG Internal Services Unit or
STATE DEPARTMENT DOLA/DLG VCUST#		Budget Office will	
MAILING ADDRESS 1313 Sherman Street, Room 521	ADDRESS ID		enter and verify
CITY, STATE, ZIP Denver, CO 80203	VERIFIED BY		Sign that you
DEPARTMENT CONTACT			have verified all
EMAIL	PHONE	_	the info on this form from a third
SECTION II - PAYEE, VENDOR INFORMATION	Enter legal name and either a street a	uddress or a	party source.
VENDOR NAME	P.O. Box, NOT BOTH. Information here must exactly match the information on the W9 form.		
D/B/A (DOING BUSINESS AS, OPTIONAL)	All fields MUST be completed.		
MAILING ADDRESS			
CITY, STATE, ZIP			
EMAIL (FOR REMITTANCE ADVICE)			
	THORE		
Grantee completes Section III. All fields must be completed. SECTION III - DEPOSITORY FINANCIAL INSTITU	ITION AND ACCOUNT INFOR	Bank Letter must be o	
INCLUDE A VOIDED CHECK (NOT A TEMPORARY CHECK O		be signed by bank staf contain Bank Name, B	
BANK LETTER THAT INCLUDES ALL INFORMATION REQUE	STED IN THIS SECTION	Routing Number, Gran	ntee's TIN, Account
BANK NAME	BRANCH ADDRESS	Number, and Account	type.
ROUTING NUMBER Make sure only one is checked.	ACCOUNT NUMBER		
ACCOUNT TYPE CHECKING SAVINGS	FOR FURTHER CREDIT (OPTIONAL))	
PAYEE TAXPAYER ID (SSN/EIN)	EIN must match the	W9.	
SHOULD ALL PAYMENTS TO THIS TAXPAYER ID USE THIS	BANK ACCOUNT? QYES QNO	A "YES" will hav	e <u>ALL</u> EFTs sent by
IF NO, PLEASE EXPLAIN		<u>every</u> State depa	artment to this
		bank account. O "NO", give a rea)therwise, enter Ison. Reason should
		include list of gr	ant numbers or
SECTION IV - AUTHORIZATION FOR DIRECT DE	POSIT SET UP, CHANGE, OR	can program name t	that EFT should
SET UP CHANGE CANCEL FOR CHANGES	<mark>only</mark> , please provide existing r	OUTING & ACCOUNT	Γ NUMBER
ROUTING NUMBER	EXISTING ACCOUNT NUMBER		
Grantee completes Section IV. If setting execut If the Gra	entee's banking information is	State of Colorado	to initiate,
up the EFT information for the first changing	, click Change and enter the Routing	EFT payments made derstand the State	
time, click Set Up and skip the rest of	is being replaced (shanged	titled. This authoriz	ation is to
re routing or account number here.	n	in such time as t	o afford a
PRINTED NAME	TITLE		
SIGNATURE	DATE		
	ame, Title, Signature MUST be complete		
	p		